FORM B10 (Official Form 10) (Rev. 4/98)  United States Bankruptcy Court SOUTHERN DISTRIC 61288, Houston TX 77208 (Houston Divis	CT OF TEXAS P.O.Box sion)	PROOF OF CLAIM
	Case Number	
X_Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-12954 Creditor ID#:
*place an "x" beside the name of the Debtor you are filing a claim against		
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else a filed a proof of claim relating to your claim.	
City Of Troy Water & Sewer	Attach copy of statement giving particulars.	
Name and address where notices should be sent:  ***********************************	Check box if you have never received any notices from the bankruptcy court in this case	
City Building Troy OH 45373	Check box if the address differs from the address on the envelope sent to you by the court.	
	Check here replaces	
Account or other number by which creditor identifies debtor: 17*10822*2	if this claim amends a pre	viously filed claim, dated:
1. Basis for Claim  Goods sold  Services performed  Money loaned  Personal injury/wrongful death  Taxes  Other  Date debt was incurred: 5-3-00 to 6-7-00	Retiree benefits as defined in 17 Wages, salaries, and compensation Your SS#: Unpaid compensation for service from to (date)  3. If court judgment, date of the court judgment in 17	s performed  (date)
4. Total Amount of Claim at Time Case Filed: \$ 114:16  If all or part of your claim is secured or entitled to priority, also comple  — Check this box if claim includes interest or other charges in additional charges.	te Item 5 or 6 below. on to the principal amount of the claim	. Attach itemized statement of all interest or
5. Secured Claim.  Check this box if your claim is secured by collateral (including a right of setoff).	6. Unsecured Priority Clain  Check this box if you have an Amount entitled to priority \$  Specify the priority of the clain	unsecured priority claim
Brief Description of Collateral:  Real Estate Motor Vehicle  Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$	Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).  Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for	
Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$	507(a)(7).  Taxes or penalties owed to government Other – Specify applicable paragraph	ental units - 11 U.S.C. § 507(a)(8). n of 11 U.S.C. § 507(a)(8). N/1/98 and every 3 years thereafter with respect to
<ol> <li>Credits: The amount of all payments on this claim has been credited and the purpose of making this proof of claim.</li> <li>Supporting Documents: Attach copies of supporting documents, surnotes, purchase orders, invoices, itemized statements of running accounts, concourt judgments, mortgages, security agreements, and evidence of perfection DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous, attach a summary.</li> <li>Date-Stamped Copy: To receive an acknowledgment of the filing of y enclose a stamped, self-addressed envelope and copy of this proof of claim.</li> </ol>	ch as promissory ntracts, of lien.	This Space Is for Court-Use Only -
Sign and print the name and title, if any, of the creditor or of attorney, if any):  7/17/00  Penalty for presenting fraudulent claim: Fine of up to \$500,000	denour, Fiscal Supervis	

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61288, Houston TX 77208	(Houston Div	CT OF TEXAS P.O.Box	PROOF OF CLAIM	
01200, HUUSCOII 1X 11200	(Houston Div			
Name of Debtors		Case Number		
X Stage Stores, Inc., a Delaware cor Specialty Retailers, Inc., a Texas of Specialty Retailers, Inc. (NV), a Ne	corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-12954 Creditor ID#:	
*place an "x" beside the name of the Debto against	r you are filing a claim		United States Bankruptcy Court	
Name of Creditor (The person or other entity to money or property):  City Of Troy Water & Sewer	whom the debtor owes	Check box if you are aware that anyone else a filed a proof of claim relating to your claim.  Attach copy of statement giving particulars.	Southern District of Texas FILED  JUL 1 9 2000	
Name and address where notices should be	sent:	Check box if you have never	Michaela	
City Of Troy Water & Sewer		received any notices from the bankruptcy court in this case	Michael N. Milby, Clerk	
City Building Troy OH 45373		Check box if the address differs from the address on the envelope sent to you by the		
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Account or other number by which creditor in $17*10822*2$	identifies debtor:	Check here replaces if this claim amends a prev	iously filed claim, dated:	
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other		Retiree benefits as defined in 11 L Wages, salaries, and compensation Your SS#: Unpaid compensation for services from to (date)	n (Fill out below) 	
2. Date debt was incurred: 5-3-00	o to 6-7-00	3. If court judgment, date ob	tained:	
4. Total Amount of Claim at Time Case File if all or part of your claim is secured or entite.		o Hom E of C below	·	
Check this box if claim includes interest additional charge	or other charges in additio		Attach itemized statement of all interest or	
additional charge  5. Secured Claim.	or other charges in additiones.		····	
additional charge	or other charges in additiones.	n to the principal amount of the claim.  6. Unsecured Priority Claim.  Check this box if you have an i	unsecured priority claim	
5. Secured Claim.  — Check this box if your claim is secured to right of setoff).  Brief Description of Collateral:  — Real Estate — Motor Vehicle	or other charges in additiones.  by collateral (including a	6. Unsecured Priority Claim.  Check this box if you have an an Amount entitled to priority. \$ Specify the priority of the claim.  Wages, salaries, or commissions (up to the bankruptcy petition or cessation of the claim.	unsecured priority claim	
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5. Secured Claim.  — Check this box if your claim is secured to right of setoff).  Brief Description of Collateral:  — Real Estate — Motor Vehicle — Other All personal and intangible prop	or other charges in additiones.  by collateral (including a berty of Debtor's Estate	6. Unsecured Priority Claim.  Check this box if you have an example Amount entitled to priority.  Specify the priority of the claim Wages, salaries, or commissions (up to the bankruptcy petition or cessation of the U.S.C. § 507(a)(3)  Contributions to an employee benefit plus up to \$1,950* of deposits toward purchapersonal, family, or household use - 11  Alimony, maintenance, or support owed 507(a)(7).  Taxes or penalties owed to government other — Specify applicable paragraph or	unsecured priority claim  1; \$4,300),* eamed within 90 days before filing of the debtor's business, whichever is earlier - 11  an - 11 U.S.C. § 507(a)(4). ase, lease, or rental of property or services for U.S.C. § 507(a)(6). If to a spouse, former spouse, or child - 11 U.S.C. Ital units - 11 U.S.C. § 507(a)(8). If 11 U.S.C. § 507(a). If 11 U.S.C. § 507(a). If 12 and every 3 years thereafter with respect to	
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## CITY OF TROY, OHIO

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CITY BUILDING TROY, OHIO 45373

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